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# DIFFICULT AIRWAY SOCIETY

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Issue 3

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## **Newsletter**

This newsletter was written by members of the Difficult Airway Society. The opinions expressed are those of the individual members and do not represent necessarily the view of the Society.

Any feed-back on this Newsletter, submissions for future editions or correspondence should be sent to;

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## EDINBURGH MEETING

**25-26<sup>th</sup> November 1999**

This year's annual DAS meeting in Edinburgh was an extraordinary event. The sumptuous Royal College of Physicians was the perfect setting for 2 days of presentations and the Society Dinner. The large, newly refurbished lecture theatre may have had seating for over 300 delegates, but it proved barely large enough to hold the record number of attendees and there was standing room only for some of the sessions. The meeting opened with a session on the physiology and anatomy of the upper airway. Several middle-aged men were pleased to learn that sleep deprivation made snoring more pronounced, and were able to add this to the list of excuses. Peter Charters reminded us that experts probably do exist. The second session on airway skills training included John Smith's FOI programme at Selly Oak and the Dundee experience with a pig surgical cricothyrotomy model. After lunch there were two debates on the requirement for patient consent in airway teaching and the role of the ILMA. Thankfully, these were fully engaged debates by proponents who knew (at least for their 10 minutes) that they had truth and honour on their sides. The last session on the first day was a review lecture by Andy Ovassapian, our guest. The foremost world figure in airway management was welcomed warmly, gave an excellent talk and cemented relations between the US and UK airway societies.

The first day included case presentations, airway workshops, a large trade exhibition and a separate area for the large number of posters. The second day started with a session on the airway and trauma and included a refreshingly critical look at the ATLS teaching, the ENT angle and included airway burns. The free paper session was as popular as in previous years, allowing research and clinical case scenarios to be presented before a quizzical and vocal audience. The meeting ended with a session of updates from the Society, new equipment and a talk on written guidelines. The prize for best poster, judged by Karen Watson and Jeremy Thomas, was awarded to one on cricoid pressure and airway deformation – now a paper in March's *Anaesthesia*.

The airway workshops were run in the breaks and proved to be very popular - they should be included in future meetings. An enormous amount of behind scene organisation, masterminded by Charles Morton, allowed them to run smoothly. The Society Dinner and ceilidh in the Royal College of Physicians was a magical time, and the call of the kilt extended to people south of Watford.

The vision for the meeting was Geoff Sharwood-Smith's and it was faultless. Edinburgh itself is one of the most enjoyable cities in the UK and Geoff had organised the decoration of the city and marching bands. Geoff has been very supportive of the Society and its aims from the beginning - lecturing, advising, arguing and setting up in Edinburgh one of the leading FOI courses in the UK. Cindy Middleton, the Conference Secretary, provided the high quality administration that is as important as the scientific programme, and the background and workshop workers were Gordon Pugh, John Henderson, Simon Edgar, Caroline Brookman, Mary Dickson, Fiona Kelly and Ellis Simon.

It was with some sadness that the meeting ended and the Society is very grateful to all who contributed to this wonderful meeting.

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## SOCIETY WEBSITE

**[www.das.uk.com](http://www.das.uk.com)**

The domain name [das.uk.com](http://www.das.uk.com) has been registered for the use of the Society and allows for coherent e-mail addresses and a new website address. The site is now managed by Paul Rich, Keith Williams and Geoff Sharwood-Smith and is run from the St George's server. Please access it, use it and comment to Paul Rich. St George's also hosts the difficult airway database. Our thanks to Keith Williams for setting up the first web-site on the Guy's and St Thomas' umds server. The future must be a good quality, educational, informative and entertaining website.

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## NEWSLETTER

**[newsletter@das.uk.com](mailto:newsletter@das.uk.com)**

The newsletter is to be edited in future by Chris Frerk and Richard Grummitt. They will be grateful for contributions on any matter. The newsletter has not come out as often as hoped, so Adrian Pearce has been sacked and the new editorial team will take over in May.

## ***THANKS TO***

### ***RALPH VAUGHAN***

The outgoing Chairman was co-founder of the Society and had been Chairman since its first day. A chance encounter on an aeroplane had sealed both the impetus for the formation of the Society and his close involvement in it. The Society couldn't have chosen better. Ralph is an extraordinary presence in the Specialty, active in both the Association and College, but managing to continue an impressive clinical workload in Cardiff. His research output over the years has been staggering, but it has been his nurturing of younger anaesthetists and the co-operative working with colleagues which has made the Cardiff area such an important force in UK airway management. Ralph's chairmanship was characterised by high quality academic meetings, deft and succinct handling of the process of taking the Society from an aspiration with interim rules to a structure with Charitable Status and witty after-dinner speeches. Ralph will remain an influential figure in airway management and the Society is very grateful for his hard work.

### ***NICK NEWTON***

Nick had been the Treasurer since the inception of the Society and had been very supportive of the airway meetings held at Guy's hospital since 1986. It was fortunate that Nick volunteered to be Treasurer because he realised before anyone else that only strict financial accounting would cope with the complicated period around the first meeting of the Society in 1995. His diligence and enthusiasm allowed the financial affairs of the Society to gain early superficial respectability, but it was not long before he realised that we would soon interest the taxman. Prolonged negotiations started, some of them with a fixer in Yorkshire, in order to pay the minimum amount of tax and to gain charitable status such that future activity would be shielded from taxation. Few people could have coped with such equanimity, or at all, with the deadlines, unintelligible forms, special advisors, disappearing accountants and surreal regulations but Nick shepherded the Society through all this and handed over to Peter Latto no more than £10 adrift. Nick remains a gloriously engaging, amusing, professional and able colleague whose behind scenes work has been one of the foundations of the Society.

## **ACTIVITY THIS YEAR**

Airway management seems to have reached the top of the pile of things to do, and the Society has been asked to contribute to the following:

### ***Preoperative Evaluation.***

Wendy Scott has written to ask whether the Society wished to contribute material for an Association initiative on preoperative assessment. The Chairman and Secretary submitted material separately which Wendy will incorporate into the recommendations. Clearly, preoperative airway evaluation is extremely important although the linkage between a specific abnormality found preoperatively and the resulting change in airway management is open to discussion. Even allowing for the poor sensitivity and specificity of tests, and the low prevalence of difficulty, it seems reasonable to provide a framework for preoperative airway screening as part of a preoperative anaesthetic assessment regardless of whether this screening is undertaken by an anaesthetist or nurse. We suggested that airway screening should be one section, rather than the information being scattered around the form. In addition to the patient's age and weight, we suggested that the following leading headings would provide the basis for decisions about airway strategy.

- History of previous difficulty with airway management
- History of previous surgery, burns or radiotherapy to the head/neck/mediastinum
- Concurrent medical disease associated with difficult airway management
- Current disease affecting the head, neck mediastinum, or providing airway symptoms
- Does the patient look difficult and is the cricothyroid membrane available?
- Specific tests of gape, mallampati, thyromental distance and neck movements
- Significant gastro-oesophageal reflux.

Of course, there is always a trade-off between the number of questions on a form and the likelihood of the form being completed. We await the final outcome.

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***Good practice guidelines***

The College has asked for our written guidelines on good airway practice. The College has recently circulated a list of guidelines/protocols which it expects to be present and visible at sites of anaesthesia in all hospitals.

**It is notable that there are no national written guidelines for airway management and the Society should help produce them. Please would all interested people send copies of any specimen examples to us at [guidelines@das.uk.com](mailto:guidelines@das.uk.com). The Society will collate them with the aim of circulating examples to all anaesthetic departments (and posting them on the web-site).**

We will continue liaising with Doug Justins at the College.

# **ANNUAL MEETING**

**23<sup>rd</sup> and 24<sup>th</sup> NOVEMBER 2000**

**MANCHESTER**

**Details will be circulated soon**

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